207000114580

(Requestor's Name)						
(Address)						
,						
(Address)						
(City/State/Zip/Phone #)						
☐ PICK-UP ☐ WAIT ☐ MAIL						
LI FICK-OF LI WAIT						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
DEC 2 2 2008						
EXAMINER						

Office Use Only



200139044932

12/22/08--01029--007 **25.00

2000 DEC 22 PM 2: 37 SECRETARY OF STATE

FILED

COVER LETTER

TO:	Registration Section			
	Division of Corporations			
SUB	TECT: PFYCO INITIATIVES LLC			
	(Name of Limited Lia	ability Coi	mpany)	
The e	nclosed member, managing member or mana	iger resig	gnation and fee(s) are submitted	for
Pleas	e return all correspondence concerning this m	natter to:		
DE	NSON, SHEVELLA		=1 	200
	(Contact Person))B DI
			in the second se	008 DEC 22
	(Firm/Company)		- XX	•
			17 (m)	PH (
421	NE 15TH CT		_ OR_	2: 37
	(Address)		Dr A	ⁿ ~
ВО	YNTON BEACH FL 33435 US			
_ <u>-</u> _	(City/State and Zip Code)		_	
For fa	urther information concerning this matter, ple	ease call·		
	and the matter conserving this matter, pre	use cuit.		
DEN	NSON, SHEVELLA at (561	350-9651	
	(Name of Contact Person) (A	rea Code	& Daytime Telephone Number)	
Enclo	sed please find a check made payable to the	Florida I	Department of State for:	
	\$25 Filing Fee		\$55 Filing Fee &	
			Certified Copy	
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:	
_	tration Section		Registration Section	
	ion of Corporations		Division of Corporations	
	n Building		P.O. Box 6327	
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as i	it appears on the records	of the Flo	rida De	partme	nt
of State is: FLC	RIDA			野の	2008	
2. This limited liabi	lity company was organized FIATIVES LLC	under the laws of:		LAHASSEE. FLO	18 DEC 22 PM 2:	
3. The Florida docu- L07000114	ment/registration number of 580	this limited liability con	npany is:	ORIDA	: 37	
4. I, PIETER DO	OLLPHO une of Person Resigning)	, hereby resign as a	MANA	GING	MEN	1BER
of this limited liab resignation in writ	ility company and affirm the	Dec 17,08	ny has bee	,	ed of m	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					